

# **EXPLORATORY STUDY OF SOCIAL WORKERS' PERCEPTIONS OF COLLABORATION IN A LOCAL AUTHORITY**

## **Summary of study, findings and recommendations**

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I set out to explore the barriers to collaboration between SW's in adult MH services, and children's social workers. I already knew they existed as my team spans the boundary and bridges the gap between the two services, but the research offered the opportunity to explore this more deeply and formally.

I interviewed 4 SW's from each services, 8 in total, so it was small scale, but nevertheless produced some interesting findings. The interviews were recorded then transcribed. Following analysis I drew out themes which I then contextualised into why collaborate, what are the barriers, and what could help overcome them.

### **Points to note**

- 1) No clarity about what collaboration 'is': Everyone recognised collaboration was integral to practice, but nobody sought to define it.
- 2) Distinct differences between mental health social workers (MHSW) and children's social workers (CSW) – one of most significant findings was regarding their immediate thoughts about who collaboration was with...
  - i. MHSWs instinct was to talk about collaboration as something they did with clients
  - ii. CSWs talked about collaboration as being with other professionals
  - iii. None of the social workers mentioned children in respect of collaboration

### **Why Collaborate?**

MHSWs: Collaboration is empowering and influences inclusivity – the client is the expert

- With person themselves, understanding

MHSWs: Collaboration helps their client to be understood in the context of their family

- With family - in discussions, support system

MHSWs: It supports someone towards recovery AND shares responsibility for decision making

- Within MDT's (own service) analysis

CSWs: Collaboration is for obtaining information from professionals

- Information being important for their assessment and decision making

CSWs: Collaboration with professionals helps our relationship with service users

CSWs value the expertise of their mental health colleagues

- Recognition that there are things they don't know that they need other professionals for

CSWs see collaboration as something they need to have to get other professionals to 'do' something

## **What are the barriers to collaboration?**

### **All SWs interviewed**

Social workers do not understand enough about the 'other' service or what each other does

- All social workers interviewed identified a lack of understanding of the 'other' service as a barrier to collaboration, because they did not understand what the other service did, the roles and responsibilities of their colleagues, nor the legal and procedural frameworks they use

Our individual services don't prioritise collaboration

- MH – LA/SWYT divide, lack of ownership and belonging – cast adrift by LA
- CSW – Timescales, tasks, targets

Social work is a tough job and our wellbeing can often be neglected

- Reflection on how wellbeing is a powerful motivator – if unmotivated, unlikely to make as much of an effort – collaboration is about doing your best job, you have to put additional stuff in.

### **Different views expressed by each service**

MHSWs: Children's social workers can be unpredictable and inconsistent

MHSWs: Children's social workers make decisions without explaining their reasons

MHSWs: Children's social workers are responsible for their own poor image

CSWs: MHSWs don't want to damage their relationship with their client

CSWs: Our role is misunderstood

CSWs: Families don't like having us involved

- Families will align themselves with MHW, or not fully engage which becomes divisive

CSWs see themselves as 'there for the child'

- There was no apparent appreciation of the complexities of the impact of one individual upon another and of the dynamics of relationships within families and how these need to be understood in order to assess and plan with service users. The approach was almost divisive

## **What could help overcome these barriers?**

Better understanding of each other's services, roles and responsibilities

Relationships are helped by familiarity

Face to face contact builds relationships

Mental Health in Families team

## Recommendations

In order to quantify “collaboration” in its most ideal sense, I used Wenger’s Communities of Practice, which identifies essential elements of achieving mutual engagement, joint enterprise and shared repertoire. Using this idea, I was able to make recommendations for practice to address the barriers to collaboration for both services, as well as help to direct the work of my team to this end.

### **Recommendations for the Local Authority as an organisation:**

- For those social workers employed to work in adult mental health services, a demonstration of support and ownership, as well as access to all systems for Kirklees
- For student social workers and NQ’s, Kirklees to promote and encourage a breadth of experience across different areas of service
- Children’s and adults’ services to work towards a shared repertoire of keeping families safe and building resilience.
- Promote supervision as a reflective space separately from caseload management, for social workers in all services to have time to consider how they reach analysis and hypothesis in casework

### **Children’s social care:**

- Social workers’ focus upon sharing information to shift to understanding and analysis of information, what they still need to know in order to challenge their own hypotheses and wish to explore this through discussion with mental health workers so that agreements regarding level of risk are reached
- Managers to recognise the value of collaboration with families and professionals for outcomes in casework and encourage collaboration as a priority

### **Mental Health social workers:**

- Engage with children’s social workers to consider the impact of parental mental health upon the family as a whole and how support can best be provided.
- To make efforts to maintain their value base as social workers and seek opportunities for this – the social work supervision groups being an ideal forum.

### **Mental Health in Families team will:**

- Remain co-located
- Improve narratives
- Case consultations
- Encourage and facilitate joint work between case holding workers from children and adult mental health services
- Use a variety of awareness raising, education and training with workers from children’s services to improve their understanding of mental health
- Challenge myths, stereotypes and assumptions with regard to both children’s social work and mental health to improve perspectives and understanding and reduce stigma within each service
- Ongoing training for the local safeguarding children’s board on the impact of parental mental health to enhance learning and understanding with colleagues from across all services